



Seminole County
Environmental Services
Water & Sewer Department

LEAK & POOL FILL ADJUSTMENT REQUEST APPLICATION

As a customer of Seminole County Water & Sewer, you may request an adjustment on your current water bill if you have recently encountered a leak or had your pool filled by completing and submitting this application. Your payment and supporting documents such as receipts, plumber invoices, and/or pictures **must** accompany this application to be considered for an adjustment. Request must be submitted within 45 days of repair date. Submittal of this request does not prevent your account from collection activity, including interruption of service.

I, _____ account holder of the property located at: _____
_____. Account number: _____

Hereby request consideration of an adjustment to my account.

Please select the reason for the adjustment request.

_____ Pool Fill _____ Pool Repair

Date of pool fill: _____ Capacity of pool: _____ Est. gallons used: _____

_____ Leak (**Please attach invoices or receipts related to completed repair.**)

Date of repair: _____

Please give brief description of how the leak occurred:

Customer Name: _____ Telephone number: _____

By submitting this application, I am aware that only one adjustment per 12 month period will be granted on my account. I further understand that this application must be accompanied with supporting documents to be considered for an adjustment. I also understand my responsibility of any balance on the account while the account is being reviewed and subject to any collection activities, including interruption of service.

I certify that the above information is true to the best of my knowledge.

Signature: _____ Date: _____

PLEASE ALLOW 2-3- MONTH PROCESSING TIME FOR THIS REQUEST

For Office Use Only _____ Adjustment approved _____ Adjustment denied

Amount of adjustment: _____ Completed on: _____ By: _____

Approved by: _____